

## Appendix B

### EDR Forms

Request for Counseling, Request for Mediation and Complaint forms are provided, but Complainants may use alternative written formats.

EDR File No. \_\_\_\_ – \_\_\_\_

Request for Counseling  
Under the Employment Dispute Resolution Plan  
for the District of Utah

**Prior to completing this form, please refer to the Employment Dispute Resolution (EDR) Plan for the District of Utah. This form must be submitted to the District of Utah's EDR Coordinator or an Alternate Coordinator within 60 days of the alleged violation or within 60 days of the time you became aware of the alleged violation. The period for counseling is 30 days or less, beginning on the date this form is received by the EDR Coordinator.**

1. Today's Date: \_\_\_\_\_

2. Name and Contact Information of Person Requesting Counseling

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Phone numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Please state whether you are a current court employee, a former court employee or an applicant for a court position:

\_\_\_\_\_

4. If a current or former employee, please state:

Your employing office and the name of the employing office from whom you seek resolution of your dispute (if different):

\_\_\_\_\_

Your Job Title: \_\_\_\_\_

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9. Please identify the EDR claims you wish to assert, by identifying the relevant Chapter(s) of the EDR Plan, or the Model EEO Policy, under which this Request for Counseling is being filed:

- ☐ Chapter II – Anti-Discrimination Rights
  - ☐ Race
  - ☐ Color
  - ☐ Religion
  - ☐ Sex (includes Sexual Harassment)
  - ☐ National Origin
  - ☐ Age (at least 40 years old at the time of the alleged discrimination)
  - ☐ Disability
- ☐ Chapter III – Family and Medical Leave Rights
- ☐ Chapter IV – Worker Adjustment and Retraining Notification Rights
- ☐ Chapter V – Employment and Reemployment Rights of Members of the Uniformed Services
- ☐ Chapter VI – Occupational Safety and Health Protections
- ☐ Chapter VII – Polygraph Tests
- ☐ Chapter VIII – Whistleblower Protection
- ☐ Model EEO Policy

10. Name and Contact Information of Any Attorney or Other Person Representing You

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This Request for Counseling is submitted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
EDR Coordinator's Signature

\_\_\_\_\_  
Date of Receipt

Request for Mediation  
Under the Employment Dispute Resolution Plan  
for the District of Utah

**Prior to completing this form, please refer to the Employment Dispute Resolution (EDR) Plan for the District of Utah. This form must be submitted to the EDR Coordinator or Alternate EDR Coordinator within 15 days after notice of the conclusion of the counseling period is sent. Please attach a copy of your REQUEST FOR COUNSELING form. The period for mediation is 30 days or less beginning on the date this form is received by the EDR Coordinator. The employee is required to attend at least one mediation session. Failure to pursue mediation will preclude further processing of your claim(s).**

1. Today's Date: \_\_\_\_\_
  
2. Name and Contact Information of Person Requesting Mediation  
  
Name: \_\_\_\_\_  
  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
  
Email address: \_\_\_\_\_  
  
Phone numbers:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_
  
3. Name and Contact Information of Employing Office Responding to Mediation Request  
  
Name: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
  
Email address: \_\_\_\_\_  
  
Phone number(s): \_\_\_\_\_

- [illegible]

- [illegible]

6. Please identify the EDR or EEO claims you wish to assert, by identifying the relevant Chapter(s) of the EDR Plan, or the Model EEO Policy, under which this Request for Counseling is being filed:

- ☐ EDR Plan Chapter II - Anti-Discrimination Rights
  - ☐ Race
  - ☐ Color
  - ☐ Religion
  - ☐ Sex (includes Sexual Harassment)
  - ☐ National Origin
  - ☐ Age (at least 40 years old at the time of the alleged discrimination)
  - ☐ Disability
- ☐ Chapter III – Family and Medical Leave Rights
- ☐ Chapter IV – Worker Adjustment and Retraining Notification Rights
- ☐ Chapter V – Employment and Reemployment Rights of Members of the Uniformed Services
- ☐ Chapter VI – Occupational Safety and Health Protections
- ☐ Chapter VII – Polygraph Tests
- ☐ Chapter VIII – Whistleblower Protection
- ☐ Model EEO Policy

This request for mediation is submitted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
EDR Coordinator's Signature

\_\_\_\_\_  
Date of Receipt

Name of Mediator to whom referred (to be completed by EDR Coordinator):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone:

Complaint  
Under the Employment Dispute Resolution Plan  
for the District of Utah

**Prior to completing this form, please refer to the Employment Dispute Resolution (EDR) Plan for the District of Utah. This form must be submitted to the EDR Coordinator or Alternate EDR Coordinator within 15 days after notice of the conclusion of the mediation period is sent. Please attach a copy of your REQUEST FOR COUNSELING form and your REQUEST FOR MEDIATION form.**

1. Today's Date: \_\_\_\_\_
2. Name and Contact Information of Person Filing Complaint:  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone numbers:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_
3. Name and Contact Information of Employing Office Responding to Complaint  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_
4. If any of the information supplied in the REQUEST FOR COUNSELING form (attached) or the REQUEST FOR MEDIATION form (attached) filed in connection with this EDR matter is no longer accurate or needs to be updated,



[illegible]

- [illegible]

identifying the relevant Chapter of the EDR Plan, or the Model EEO Policy, under which your complaint is being filed:

- ☐ EDR Plan Chapter II – Anti-Discrimination Rights
  - ☐ Race
  - ☐ Color
  - ☐ Religion
  - ☐ Sex (includes Sexual Harassment)
  - ☐ National Origin
  - ☐ Age (at least 40 years old at the time of the alleged discrimination)
  - ☐ Disability
- ☐ Chapter III – Family and Medical Leave Rights
- ☐ Chapter IV – Worker Adjustment and Retraining Notification Rights
- ☐ Chapter V – Employment and Reemployment Rights of Members of the Uniformed Services
- ☐ Chapter VI – Occupational Safety and Health Protections
- ☐ Chapter VII – Polygraph Tests
- ☐ Chapter VIII – Whistleblower Protection
- ☐ Model EEO Policy

7. Please state the desired corrective action, result or resolution of each claim listed in your Complaint:

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I affirm that the information provided in this Complaint is true and correct to the best of my ability:

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Signature of Complainant

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EDR Coordinator's Signature

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Date of Receipt